



## GEORGIA MEDICAID FEE-FOR-SERVICE NSAIDs AND COX 2 INHIBITOR PA SUMMARY

Preferred	Non-Preferred
Generics unless otherwise listed Diclofenac potassium immediate-release (IR) generic Diclofenac sodium delayed-release (DR) generic Etodolac IR generic Flurbiprofen generic Ibuprofen generic Indocin suspension (indomethacin) Indomethacin IR generic Ketorolac generic Meloxicam tablets generic Nabumetone generic Naproxen IR generic Piroxicam generic Sulindac generic	Arthrotec (diclofenac/misoprostol) Cambia (diclofenac) Celecoxib generic Diclofenac/misoprostol generic Diclofenac sodium extended-release (ER) generic Duexis (ibuprofen/famotidine) Etodolac ER generic Fenoprofen generic Indomethacin ER generic Ketoprofen IR, ER generic Meclofenamate generic Mefenamic acid generic Meloxicam suspension generic Mobic suspension (meloxicam) Nalfon (fenoprofen) Naprelan (naproxen controlled-release [CR]) Naproxen CR generic Naproxen DR generic Oxaprozin generic Sprix (ketorolac) Tivorbex (indomethacin) Tolmetin sodium generic Vimovo (naproxen/esomeprazole) Vivlodex (meloxicam) Zipsor (diclofenac) Zorvolex (diclofenac)

**LENGTH OF AUTHORIZATION:** 1 Year

**NOTES:**

- ❖ If generic meloxicam suspension is approved, the PA will be issued for brand Mobic Suspension.
- ❖ If generic diclofenac/misoprostol is approved, the PA will be issued for the brand Arthrotec.
- ❖ If brand Nalfon is approved, the PA will be issued for generic fenoprofen.
- ❖ If generic naproxen CR (generic Naprelan) is approved, the PA will be issued for brand Naprelan.

**PA CRITERIA:**

*Non-preferred agents other than Cambia, Celecoxib Generic, Duexis, Mobic/Meloxicam suspension, Sprix, Tivorbex, Vimovo, Vivlodex, Zipsor, and Zorvolex*

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to 2 preferred generic NSAIDs.



*Mobic Suspension and Meloxicam Suspension Generic*

- ❖ Provider must explain why meloxicam tablets or other generic preferred NSAIDs cannot be swallowed

*AND*

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to naproxen suspension (preferred liquid product).
- ❖ In addition for generic meloxicam suspension, prescriber must submit written letter of medical necessity stating the reasons brand Mobic Suspension is not appropriate for the member.

*Cambia*

- ❖ Approvable for migraine headaches

*AND*

- ❖ Submit a written letter of medical necessity stating the reason(s) that diclofenac potassium and at least one other generic NSAID are not appropriate for the member.

*Celecoxib Generic*

- ❖ Approvable for the diagnosis of familial adenomatous polyposis (FAP) or brain cancer (brain tumor, malignant glioma)

*OR*

- ❖ Approvable for juvenile rheumatoid arthritis, acute pain, primary dysmenorrhea, ankylosing spondylitis, osteoarthritis, or rheumatoid arthritis

*AND*

- ❖ Member must have experienced intolerable side effects to at least 2 generic NSAIDs within the last 6 months. Celecoxib generic is approvable without use of generic NSAIDs for members currently taking an anticoagulant or chronic oral corticosteroid therapy or for members with a history of a GI bleed, NSAID-induced ulcer, peptic ulcer disease, or a history of platelet dysfunction or coagulopathy.

*Duexis*

- ❖ Physician must submit a written letter of medical necessity stating the reasons two separate prescriptions, famotidine 40mg twice daily and ibuprofen (or another preferred NSAID), are not appropriate for the member.

*Vimovo*

- ❖ Physician must submit a written letter of medical necessity stating the reasons the two separate prescriptions, a preferred proton pump inhibitor (either omeprazole or pantoprazole) and naproxen, are not appropriate for the member.

*Sprinx*

- ❖ Approvable for members 18 years of age or older with moderate to moderately severe pain who require analgesia at the opioid level who are unable to swallow or who have uncontrollable nausea and vomiting

*AND*

- ❖ Member must have experienced allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to immediate-release opioids (oxycodone, morphine).



*Tivorbex*

- ❖ Approvable for mild to moderate pain in members 18 years of age or older
- AND
- ❖ Physician must submit a written letter of medical necessity stating the reason(s) the preferred products, generic indomethacin IR and at least one other preferred generic NSAID, are not appropriate for the member.

*Vivlodex*

- ❖ Approvable for osteoarthritis pain in members 18 years of age or older
- AND
- ❖ Physician must submit a written letter of medical necessity stating the reason(s) the preferred products, generic meloxicam tablets and at least one other preferred generic NSAID, are not appropriate for the member.

*Zipsor*

- ❖ Approvable for mild to moderate pain
- AND
- ❖ Physician must submit a written letter of medical necessity stating the reason(s) the preferred products, generic diclofenac potassium and at least one other generic NSAID are not appropriate for the member.

*Zorvolex*

- ❖ Approvable for mild to moderate pain and osteoarthritis pain
- AND
- ❖ Physician must submit a written letter of medical necessity stating the reason(s) the preferred products, generic diclofenac potassium and at least one other generic NSAID, are not appropriate for the member.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

**PREFERRED DRUG LIST:**

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.